									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10775229						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN OF SMALL ENTITY		
TOTAL CLAIMS			/4	7	·			RATE	F	ΕE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385	5.00	08	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ 9 minus 20=		. 0			XS 9:	.   -		OR	X518=		
INDEPENDENT CLAIMS			2 minus 3 =		6			X43=				X86=	<del>   </del>	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				145	十		OR				
- 11	the difference	in column 1 is	less than z	ess than zero, enter "O" in column 2				+145:		, ,	OR	+290=		
CLAIMS AS AMENDED - DART II								TOTA	15%	لخ	OR	TOTAL		
<u>8</u>	11.05	(Column 1)	(Column 2) (Column 3)					SMAL	L ENTI	TY (	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BEA USLY	PRESENT EXTRA		RATE	TIO	IAL		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	- 2	20			X\$ 9=			OR	XS18=		
	Independent	. 2	Minus		3_	a · ·		X43=			OR	X86=	7	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=		
							L	TOTA	1-1	{		TOTAL		
	(Column 1) (Column 2) (Column 3)						'A	JODIT. FE	E <b></b>		۶۰۰ ۶	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADE TION FÈI	AL		RATE	ADDI- TIONAL FEE	
	Total	• 14	Minus	- 2	0	- / '		XS 9=			OR	XS18=	•	
	Incependent	NTATION OF MU	Minus	ENDENT	<u> </u>	=/	Ī	X43=	17	$\Box_{c}$	OR	X86=		
			CTIT CE DEF	ENDENT	COAW			+145≃			OR	+290=	•	
•		·					A	TOTAL DDIT, FEE			OR A	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												` · .		
NEN L		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADD TION/ FEE	AL		RATE	ADDI- TIONAL FEE	
	Total '	• •	Minus	*		<b>.</b>	Γ	X\$ 9=		٦٥	R	X\$18=		
	Independent		Minus	***		2	r	X43=		7	R	X86=		
	rino i PHESE!	VTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		十	. 1.05	<del>                                     </del>	7	上			
. 11	the entry in colum	L	+145= TOTAL	-	$\dashv^{\circ}$	L	+290= TOTAL							
	ine rignesi Nur	nber Previously Pain nber Previously Pain per Previously Paid	d For IN THE	S SPACE IS I	ess than	3 enter *3.*		DIT. FEE	<u> </u>		A	DOIT FEEL		